

ally

Question 7

Account Number: [REDACTED]

Next Payment:	Next Due Payment:	Amount Due:	Other Amounts (Amount Due):
Due Date: 02/15/17	Due Date: 02/15/17	Amount Due: \$287.35	Less Charge: \$287.35
Amount Due: \$287.35			Excess Payment: \$0.00
			Unapplied Payment: \$0.00
			Amount Due: \$287.35
TOTAL	TOTAL	TOTAL	TOTAL
STATEMENT TOTAL: \$287.35			

Next Paid: 02/15/17 Unapplied Amount: \$0.00 Finance Charge: \$0.00 Less: Other: \$0.00 Total Paid: \$287.35 Due Date: 02/15/17 Scheduled Payment: \$287.35

Account Information

[REDACTED]

Important Account Message

REMAINING CREDIT BALANCE: \$17,891.37. THIS AMOUNT DOES NOT INCLUDE PROPOSED CHARGES AND OTHER UNPAID AMOUNTS. PLEASE CALL US FOR MORE DETAILS.

CHEVROLET

Don't Want to Mail Your Payment? We Have Options:

- Automatic Payments - Allow your payment to be automatically debited from your checking or savings account starting at no cost to you. Please visit allyauto.com for more information.
- Online Payments and Billing Statements - Register for Ally Online to view or download your account, add your payment, request a paper statement or bill, or print and mail your payment, all at no cost to you.
- Payments by phone or payments online by debit card - To your payment center call 800-825-ALLY. A third party service provider fee may apply.

Contact Information: You can reach us by visiting allyauto.com or call us at 888-825-ALLY(2559)

Do not send cash or post-dated checks. All checks will be processed upon receipt. Make checks payable to ALLY. Return the portion to left with your payment to: Payment Processing Center address below.

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PO BOX 28082
BLOOMINGTON MN 55428-0802

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DUE DATE: 02/15/17

ACCOUNT NUMBER: [REDACTED]

STATEMENT TOTAL: \$287.35

TOTAL AMOUNT PAID: \$

PAYMENT PROCESSING CENTER
PO BOX 9001951
LOUISVILLE KY 40290-1951

[REDACTED]

[REDACTED]

Brittany
Fissel
AAA

Car
payments
February

Office of Administration
Commissioner's Office
 Contract Period July 1, 2015 – June 30, 2016
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Bethany Christian Services of Missouri

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 5/17/2016

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
February 13, 2017	Feb Car Payment	\$297.35	Client works full time but is currently on leave after having her son in December via c-section. She does not have paid maternity leave and needs assistance paying her car insurance. [REDACTED] has maintained her job at Steak n Shake for 7 years and is a very hard worker. She has been committed to her involvement in the A2A program and has been enrolled since May 2016. She has needed very little assistance prior to having her baby and no income coming in due to being on leave. There are no other funding sources available in the area to help with this need.
Amt to be reimbursed		\$297.35	

Authorized person requesting purchase: Aimee Travers Date: Feb 13, 2017

Alliance for Life Program Manager: Marsha Middleton

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____
